

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001 KANSAS

## LIST OF TABLES

### OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

### FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

**FOR DUAL ELIGIBLE BENEFICIARIES**

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

**SUPPLEMENTAL TABLES**

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLE**

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
KANSAS, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	293,499 (A)	53,477 (E)	240,022 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	283,625 (B)	45,822 (F)	237,803 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	246,954 (C)	41,143 (G)	205,811 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	9,600 (D)	9,083 (H)	517 (L)

Source: Data for this table are from the MAX 2001 file for Kansas, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2001, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 21 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 21 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Kansas in 2001 was \$193,076,295, of which \$14,662,287 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2001. All benefit months of such dual eligible beneficiaries, of which 3.9 percent were restricted benefit months without a pharmacy benefit in Kansas, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 KANSAS, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos										
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>246,954</b>	<b>22,544</b>	<b>45,239</b>	<b>39,495</b>	<b>139,674</b>	<b>2</b>	<b>1,806,136</b>	<b>193,042</b>	<b>463,980</b>	<b>184,471</b>	<b>964,637</b>	<b>6</b>	<b>1,806,136</b>	<b>193,042</b>	<b>463,980</b>	<b>184,471</b>	<b>964,637</b>	<b>6</b>
<b>Age</b>																		
5 and younger	63,179	0	1,286	2	61,891	0	417,184	0	12,464	3	404,717	0	417,184	0	12,464	3	404,717	0
6-14	61,048	0	3,726	0	57,322	0	455,043	0	39,519	0	415,524	0	455,043	0	39,519	0	415,524	0
15-20	29,994	0	2,886	6,685	20,423	0	206,406	0	29,560	32,636	144,210	0	206,406	0	29,560	32,636	144,210	0
21-44	48,094	0	17,107	30,950	36	1	320,277	0	176,983	143,111	180	3	320,277	0	176,983	143,111	180	3
45-64	19,557	3	17,704	1,848	1	1	187,368	23	178,649	8,690	3	3	187,368	23	178,649	8,690	3	3
65-74	7,931	5,812	2,111	8	0	0	75,002	52,402	22,574	26	0	0	75,002	52,402	22,574	26	0	0
75-84	8,470	8,103	367	0	0	0	73,935	70,220	3,715	0	0	0	73,935	70,220	3,715	0	0	0
85 and older	8,680	8,626	52	2	0	0	70,918	70,397	516	5	0	0	70,918	70,397	516	5	0	0
Unknown	1	0	0	0	1	0	3	0	0	0	3	0	3	0	0	0	3	0
<b>Gender</b>																		
Female	143,270	17,014	24,336	33,429	68,489	2	1,033,085	147,814	253,030	159,357	472,878	6	1,033,085	147,814	253,030	159,357	472,878	6
Male	103,661	5,530	20,903	6,066	71,162	0	773,010	45,228	210,950	25,114	491,718	0	773,010	45,228	210,950	25,114	491,718	0
Unknown	23	0	0	0	23	0	41	0	0	0	41	0	41	0	0	0	41	0
<b>Race</b>																		
White	164,263	19,088	34,015	27,051	84,108	1	1,217,390	161,230	347,155	124,967	584,035	3	1,217,390	161,230	347,155	124,967	584,035	3
African American	43,002	1,825	7,864	7,364	25,949	0	323,241	16,533	82,514	36,749	187,445	0	323,241	16,533	82,514	36,749	187,445	0
Other/unknown	39,689	1,631	3,360	5,080	29,617	1	265,505	15,279	34,311	22,755	193,157	3	265,505	15,279	34,311	22,755	193,157	3
<b>Use of Nursing Facilities<sup>c</sup></b>																		
Entire year	9,600	8,362	1,238	0	0	0	83,766	71,126	12,640	0	0	0	83,766	71,126	12,640	0	0	0
Part year	4,353	3,563	786	3	1	0	33,970	26,610	7,319	29	12	0	33,970	26,610	7,319	29	12	0
None	233,001	10,619	43,215	39,492	139,673	2	1,688,400	95,306	444,021	184,442	964,625	6	1,688,400	95,306	444,021	184,442	964,625	6
<b>Maintenance Assistance Status</b>																		
Cash	86,393	4,255	34,841	18,984	28,313	0	704,062	43,139	368,577	94,754	197,592	0	704,062	43,139	368,577	94,754	197,592	0
Medically needy	20,651	1,367	2,928	7,503	8,853	0	117,788	11,235	24,219	34,402	47,932	0	117,788	11,235	24,219	34,402	47,932	0
Poverty-related	99,302	738	1,796	10,561	86,206	1	634,399	5,786	14,750	41,193	572,667	3	634,399	5,786	14,750	41,193	572,667	3
Other/unknown	40,608	16,184	5,674	2,447	16,302	1	349,887	132,882	56,434	14,122	146,446	3	349,887	132,882	56,434	14,122	146,446	3
<b>Dual Medicare Status<sup>d</sup></b>																		
Full dual, all year	37,829	20,674	16,992	153	10	0	353,512	176,944	175,679	790	99	0	353,512	176,944	175,679	790	99	0
Full dual, part year	3,314	1,294	2,013	7	0	0	30,094	11,144	18,873	77	0	0	30,094	11,144	18,873	77	0	0
Non-dual, all year	205,811	576	26,234	39,335	139,664	2	1,422,530	4,954	269,428	183,604	964,538	6	1,422,530	4,954	269,428	183,604	964,538	6
<b>Managed Care Status</b>																		
FFS all year	179,440	16,862	41,646	24,745	96,185	2	1,558,133	163,233	443,687	137,963	813,244	6	1,558,133	163,233	443,687	137,963	813,244	6
FFS part year, with Rx claims	30,716	5,430	3,121	7,679	14,486	0	142,465	28,633	17,793	28,193	67,846	0	142,465	28,633	17,793	28,193	67,846	0
FFS part year, no Rx claims	36,798	252	472	7,071	29,003	0	105,538	1,176	2,500	18,315	83,547	0	105,538	1,176	2,500	18,315	83,547	0

Source: Data for this table are from the MAX 2001 file for Kansas, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 KANSAS, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	59.8 %	13.8	\$723	\$52	\$5,160	14.0 %	246,954
<b>Age</b>							
5 and younger	50.6	2.5	89	35	1,385	6.4	63,179
6-14	47.7	4.0	217	55	1,568	13.8	61,048
15-20	54.7	5.4	292	55	3,178	9.2	29,994
21-44	63.0	13.0	857	66	6,711	12.8	48,094
45-64	85.2	45.3	2,645	59	14,223	18.6	19,557
65-74	88.7	51.5	2,441	47	12,410	19.7	7,931
75-84	92.3	55.9	2,441	44	15,549	15.7	8,470
85 and older	95.4	53.4	2,048	38	18,969	10.8	8,680
Unknown	0.0	0.0	0	0	0	0.0	1
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	92.5	54.5	2,320	43	16,441	14.1	22,544
Disabled	84.3	35.4	2,236	63	14,261	15.7	45,239
Adults	52.3	3.8	141	37	1,703	8.3	39,495
Children	48.6	3.1	139	45	1,369	10.1	139,674
Unknown	0.0	0.0	0	0	2,083	0.0	2
<b>Gender</b>							
Female	62.6	16.4	801	49	5,278	15.2	143,270
Male	55.9	10.3	615	60	4,997	12.3	103,661
Unknown	0.0	0.0	0	0	380	0.0	23
<b>Race</b>							
White	64.9	17.3	909	53	6,286	14.5	164,263
African American	52.0	8.6	439	51	3,637	12.1	43,002
Other/unknown	47.0	5.3	258	49	2,149	12.0	39,689
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	98.1	68.9	3,169	46	26,589	11.9	9,600
Part year	97.6	58.7	2,718	46	20,159	13.5	4,353
None	57.5	10.7	584	55	3,997	14.6	233,001

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
<b>Maintenance Assistance Status</b>							
Cash	66.0	17.2	979	57	5,954	16.4	86,393
Medically needy	46.1	9.1	526	58	2,602	20.2	20,651
Poverty related	48.4	2.8	115	41	1,200	9.5	99,302
Other/unknown	81.1	36.1	1,764	49	14,454	12.2	40,608

Source: Data for this table are from the MAX 2001 file for Kansas, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table 3 includes beneficiaries represented by Cell C of Table 1.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table 3

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 KANSAS, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
All	1.9	\$99	14.0 %	40.2 %	35.7 %	6.2 %	8.7 %	6.0 %	3.2 %	\$706	246,954	1,806,136
<b>Age</b>												
5 and younger	0.4	14	6.4	49.4	46.1	3.1	1.3	0.1	0.0	210	63,179	417,184
6-14	0.5	29	13.8	52.3	39.1	4.3	3.7	0.6	0.1	210	61,048	455,043
15-20	0.8	42	9.2	45.3	41.3	6.8	5.3	1.0	0.2	462	29,994	206,406
21-44	1.9	129	12.8	37.0	35.0	9.5	11.5	5.2	1.8	1,008	48,094	320,277
45-64	4.7	276	18.6	14.8	17.4	10.3	25.5	21.6	10.5	1,485	19,557	187,368
65-74	5.4	258	19.7	11.3	14.0	9.4	23.9	25.4	15.9	1,312	7,931	75,002
75-84	6.4	280	15.7	7.7	9.3	7.9	24.4	30.0	20.7	1,781	8,470	73,935
85 and older	6.5	251	10.8	4.6	7.6	8.1	26.5	32.5	20.6	2,322	8,680	70,918
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	3
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	6.4	271	14.1	7.5	9.5	8.0	24.6	30.0	20.3	1,920	22,544	193,042
Disabled	3.5	218	15.7	15.7	27.0	11.7	23.1	15.6	6.9	1,390	45,239	463,980
Adults	0.8	30	8.3	47.7	38.0	7.5	5.3	1.4	0.2	365	39,495	184,471
Children	0.5	20	10.1	51.4	42.1	3.7	2.4	0.3	0.1	198	139,674	964,637
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	694	2	6
<b>Gender</b>												
Female	2.3	111	15.2	37.4	35.2	6.4	9.5	7.4	4.1	732	143,270	1,033,085
Male	1.4	82	12.3	44.1	36.4	5.9	7.6	4.1	1.9	670	103,661	773,010
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	213	23	41
<b>Race</b>												
White	2.3	123	14.5	35.1	35.4	6.9	10.5	7.8	4.3	848	164,263	1,217,390
African American	1.1	58	12.1	48.0	36.2	5.3	6.0	3.3	1.2	484	43,002	323,241
Other/unknown	0.8	39	12.0	53.0	36.6	4.1	4.1	1.6	0.6	321	39,689	265,505
<b>Use of Nursing Facilities<sup>d</sup></b>												
Entire year	7.9	363	11.9	1.9	5.1	5.9	23.2	35.7	28.1	3,047	9,600	83,766
Part year	7.5	348	13.5	2.4	6.4	7.2	25.8	33.8	24.5	2,583	4,353	33,970
None	1.5	81	14.6	42.5	37.5	6.2	7.8	4.3	1.8	552	233,001	1,688,400

Table 4



Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos	No.
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10 or Less			
<b>Maintenance Assistance Status</b>												
Cash	2.1	120	16.4	34.0	35.3	8.3	12.5	7.3	2.6	731	86,393	704,062
Medically needy	1.6	92	20.2	53.9	26.9	5.4	7.5	4.5	1.9	456	20,651	117,788
Poverty related	0.4	18	9.5	51.6	42.1	3.7	2.1	0.4	0.1	188	99,302	634,399
Other/unknown	4.2	205	12.2	18.9	25.4	8.1	17.2	17.9	12.6	1,678	40,608	349,887

Source: Data for this table are from the MAX 2001 file for Kansas, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table 4

TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 KANSAS, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	1.9	\$99	0.9	\$84	0.1	\$7	0.8	\$15
<b>Age</b>								
5 and younger	0.4	14	0.2	61	0.0	0	0.2	3
6-14	0.5	29	0.3	79	0.0	1	0.2	4
15-20	0.8	42	0.4	82	0.0	2	0.3	5
21-44	1.9	129	0.9	107	0.1	10	0.9	17
45-64	4.7	276	2.4	91	0.3	21	2.0	40
65-74	5.4	258	2.6	75	0.5	17	2.4	44
75-84	6.4	280	2.9	72	0.6	20	2.9	50
85 and older	6.5	251	2.7	67	0.7	20	3.2	51
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	6.4	271	2.8	71	0.6	20	2.9	50
Disabled	3.5	218	1.7	99	0.3	16	1.4	30
Adults	0.8	30	0.3	66	0.1	2	0.4	5
Children	0.5	20	0.2	68	0.0	1	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Gender</b>								
Female	2.3	111	1.1	79	0.2	8	1.0	18
Male	1.4	82	0.7	95	0.1	6	0.6	12
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Race</b>								
White	2.3	123	1.1	85	0.2	9	1.0	19
African American	1.1	58	0.5	85	0.1	4	0.5	9
Other/unknown	0.8	39	0.4	76	0.0	2	0.3	6
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	7.9	363	3.4	78	0.7	30	3.7	66
Part year	7.5	348	3.3	78	0.7	26	3.5	62
None	1.5	81	0.7	86	0.1	5	0.6	12

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
<b>Maintenance Assistance Status</b>								
Cash	2.1	120	1.1	57	90	8	0.9	17
Medically needy	1.6	92	0.8	58	92	7	0.7	13
Poverty related	0.4	18	0.2	41	67	1	0.2	3
Other/unknown	4.2	205	2.0	49	80	15	1.9	34

Source: Data for this table are from the MAX 2001 file for Kansas, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Kansas, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mdmb.asp](http://www.Medi-Span.com/products/product_mdmb.asp) (May 13 2003).

d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 KANSAS, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users								
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
		Brand-Name	Brand-Name		Brand-Name	Brand-Name		Brand-Name	Brand-Name									
Anti-infective Agents	0.3	0.2	0.0	0.1	\$13	\$11	\$0	\$2	\$43	\$12	\$47	\$12	289,636	\$12,517,060	100,327	40.6 %	942,974	
Biologics	0.4	0.4	0.0	0.1	529	413	36	80	1212	1,124	2,293	1,503	1,009	1,222,946	273	0.1	2,313	
Antineoplastic Agents	0.6	0.3	0.1	0.2	103	76	13	15	167	281	119	61	11,590	1,935,892	2,042	0.8	18,766	
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	31	25	2	4	38	58	18	13	335,996	12,775,728	42,865	17.4	409,022	
Cardiovascular Agents	1.7	0.6	0.1	0.9	53	34	4	15	31	53	27	16	629,918	19,332,037	37,763	15.3	362,749	
Respiratory Agents	0.5	0.3	0.0	0.2	27	21	0	5	49	62	27	26	305,625	14,865,394	57,567	23.3	588,190	
Gastrointestinal Agents	0.8	0.4	0.0	0.3	53	44	3	5	70	113	87	15	212,549	14,787,790	29,025	11.8	281,173	
Genitourinary Agents	0.5	0.4	0.0	0.1	24	22	0	2	50	62	43	15	59,441	2,979,904	13,391	5.4	124,360	
CNS Drugs	1.2	0.8	0.1	0.4	109	88	11	11	90	116	116	30	528,041	47,686,416	46,059	18.7	438,607	
Stimulants/Anti-obesity/Anorexia	0.7	0.4	0.0	0.2	35	27	1	6	52	62	39	32	52,705	2,744,752	8,052	3.3	79,355	
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.1	75	71	0	3	118	126	49	47	17,086	2,016,235	2,987	1.2	27,062	
Analgesics and Anesthetics	0.7	0.3	0.0	0.4	34	25	3	6	48	96	79	14	361,588	17,396,234	54,140	21.9	514,541	
Neuromuscular Agents	1.0	0.5	0.1	0.5	59	46	3	10	58	98	36	21	273,968	15,800,099	26,913	10.9	268,600	
Nutritional Products	0.6	0.0	0.2	0.4	11	0	4	7	19	20	28	16	100,640	1,901,180	19,228	7.8	167,086	
Hematological Agents	0.9	0.2	0.2	0.4	50	38	4	7	55	171	18	17	77,657	4,259,213	9,227	3.7	85,566	
Topical Products	0.3	0.1	0.0	0.1	9	6	1	2	31	49	38	16	139,749	4,365,625	51,145	20.7	498,830	
Miscellaneous Products	0.3	0.2	0.0	0.1	41	31	6	4	145	195	267	41	11,002	1,590,077	3,824	1.5	38,378	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	28	0	0	0	8,423	237,426	2,760	1.1	27,111	
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,416,623	178,414,008	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Kansas, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).
- d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Kansas, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable  
 Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 KANSAS, 2001

Top 10 Drug Groups	Users				Among Users			
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo		
ANTIPSYCHOTICS	\$25,698,708	22,984	9.3 %	240,375	0.7	\$145	\$107	
ANTIDEPRESSANTS	15,796,003	42,205	17.1	427,002	0.6	62	37	
ANTICONVULSANT	12,362,725	21,902	8.9	230,490	0.8	68	54	
ULCER DRUGS	11,530,418	26,744	10.8	274,024	0.5	80	42	
ANTIASTHMATIC	7,704,328	43,866	17.8	439,975	0.4	49	18	
ANALGESICS - Narcotic	7,450,780	52,529	21.3	520,763	0.4	38	14	
ANALGESICS - ANTI-INFLAMMATORY	7,135,875	32,997	13.4	336,318	0.3	61	21	
ANTIDIABETIC	6,853,250	17,063	6.9	176,092	0.8	52	39	
ANTIHYPERTENSIVE	4,801,355	21,056	8.5	216,110	0.7	32	22	
ANTIHYPERTENSIVE	4,437,215	8,437	3.4	89,902	0.7	75	49	
Total	103,772,657	289,783		2,951,051	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for Kansas, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2001. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.